

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-F**

RE: Christopher Lester
05-14-03

Mr. Lester said that some days he has to have help with his hygiene and getting dressed. He said he doesn't do much. He helps some with the laundry, he puts dishes in the dishwasher, and he helps his children with their schoolwork. A neighbor cuts his grass for him. Occasionally he eats out, sometimes he goes to church, he visits with his parents once a week, and he said he rarely goes to any movies. He does not go to any sports events, shopping malls, or concerts. He reads a little and watches a little television. He says he plays with a model train. Occasionally he goes fishing. He does get together with family on holidays.

Premorbid Functioning:

Mr. Lester said that before the 2000 injury, he hunted, fished, rode 4-wheelers and dune buggies, lifted weights, and went places.

DEVELOPMENTAL HISTORY:

Mr. Lester was born and reared in WV. His birth and development were normal. His father did various jobs and had worked at a plant in Ohio. He is now 77-years old. He had a heart attack and became disabled when Mr. Lester was 7-years old. His mother is a housewife. She is 72 years old and has diabetes, but otherwise good health. He was the 6th of six children. One sister died at the age of 6 ½. None of the others are disabled. He denied any family history of psychiatric problems or substance abuse. He reported a good childhood. He said he was not abused. He graduated from high school in 1990. He made average and below average grades. He said he was promoted each year. He was active in 4-H during that time.

LEGAL HISTORY:

In 1997, Mr. Lester was convicted of delivery of controlled substances and spent two years on probation. He has never filed bankruptcy or lawsuits.

MILITARY HISTORY:

Mr. Lester has never served in the armed forces.

MARITAL HISTORY:

Mr. Lester has been married twice. The first time he was 18-years old. There were no children. He said his wife left him and moved in with someone else. He married again in 1996 and has two children. He also has one child from another relationship that lives with the mother. He said he has a good relationship with that daughter, as well as the two that live with him. His children are ages 9, 6, and 4. His wife is 28-years old. She has good health. She is an office manager for WV University extension office. He reported a good marriage.

OCCUPATIONAL HISTORY:

- 1) Lumber yard for about four months.
- 2) Electrical lineman for six months in Ohio.
- 3) Timbering for three months.
- 4) In North Carolina at a lumberyard for six months.
- 5) Eastern State Mine Supply for a short while and Big G Trucking for a year.

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- 6) Tri-State Mobile Homes for 6-7 months.
- 7) S & G Trucking for four months and D & M Trucking for 2 ½ - 3 years.

Mr. Lester said he was never fired, got along well with his supervisors, and had a good work record.

MENTAL STATUS:

Mr. Lester was on time for his appointment. His sister drove him to the clinic. His hygiene and dress were appropriate. He had a short beard. He was oriented X's 4. His immediate memory was nine digits forward and four reversed. His recent memory was two out of three objects recalled after five minutes. His remote memory was intact. His concentration was adequate. His affect was tense. He exhibited pain behaviors. There was no flight of ideas, loose associations, or pressure of speech. He denied active suicidal and homicidal ideation. He denied hearing voices, seeing visions, or having special powers. His fund of information was low average. Judgment and reasoning were above average. He could only interpret proverbs on a literal level.

DIAGNOSIS:

- Axis I: Pain Disorder Associated with psychological factors and medical condition.
Anxiety Disorder, NOS
Depressive Disorder, NOS
- Axis II: R/O learning disorder -- spelling
- Axis III: 8-10-94 back injury
3-10-00 lumbar cervical and left shoulder sprain
Status post concussion and fractured clavicle
History of mini stroke and seizure disorder
Sleep apnea
High cholesterol
- Axis IV: Moderate
- Axis V: GAF=55

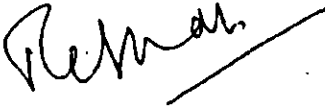
CONCLUSIONS AND RECOMMENDATIONS:

- 1) Mr. Lester has psychiatric problems partly related to the 3-10-00 compensable injury.
- 2) He continues to have 10% psychiatric permanent partial disability related to the 3-10-00 compensable injury. This is a mild impairment according to the WV Workers' Compensation Fund Psychiatric Impairments Guideline and the AMA Guideline to Mental Health Impairments, Fourth Edition. No increase in award is suggested.
- 3) He is not totally disabled due to his compensable injury related psychiatric problems in themselves.

RE: Christopher Lester
05-14-03

- 4) He was advised to continue psychiatric treatment with Dr. Riaz to prevent deterioration.

Ramesh C. Shah, M.D.
Psychiatrist


Diplomate of the American Board of Psychiatry and Neurology
Diplomate of the American Board of Disability Analysts
Diplomate of the American Board of Adolescent Psychiatry
Member of the American Academy of Disability Evaluating Physicians
Fellow of the American Psychiatric Association
RCS/ch

SUNRISE PSYCHIATRIC SERVICES INC.
313 Market Road
Beckley, WV 25801
Ph: 304-254-9003 Fax: 304-254-9005

May 14, 2003

PSYCHOLOGICAL EVALUATION

Claimant : Christopher W. Lester Referral: IMD for WCD
SSN : [REDACTED]-3340 Date of Exam: 05-14-03
CI# : 20-46841 Date of Birth: [REDACTED]-71 (31)
DOI : 03-10-00 Date Last Worked: 03-10-00
Employment Status: Not working-awarded 8-01
Job Title & Occupation When Injured: Truck driver
Employer Name & Location: D & M Trucking/ Ghent, WV
Marital Status: Married
Parental Status: Three children
Ethnic Origin: Caucasian
Purpose : PTD Evaluation

Psychologist: Crystal Whittington, M.A.

The claimant was administered psychological tests in conjunction with the psychiatric evaluation of Dr. Ramesh Shah. Please see the psychiatric report for more detailed histories, mental status, functional restrictions, etc. The claimant understood that the examination material is not confidential and consented to the evaluation.

MEDICAL HISTORY:

Non-compensable: In 1986 he had a motorcycle accident and was hospitalized for 14-16 days for concussion and fractured clavicle. He said he had a mild stroke (possibly TIA) in August 2002 and developed a seizure disorder afterwards-he said he was told it was due to stress. He has sleep apnea.

Compensable Injuries and Illnesses:

08-10-94: Claimant fell at work and had anterior compression fracture of T11 and was off work for three years. He was awarded 10 or 11% PPD.

03-10-00: Claimant fell from the back of a coal truck onto another truck beside it and hit his head. He was unconscious from 45-50 minutes he claims. He also reportedly injured his left shoulder, neck, and low back. CT scans and MRIs have been negative. He was awarded 20% orthopedic and 10% psychiatric for a total of 30% PPD on this injury. He said his legs have gone numb and caused him to fall and injured his ribs and left knee. X-rays and MRIs negative. He has lumbar, Cervical, left shoulder, and left knee sprains and a closed head injury. He did not find the claimant to be disabled.

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Christopher W. Lester
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01-08-01: Vass Vocational Rehabilitation closed his file as the claimant did not wish to participate in vocational rehabilitation services.

04-09-01: Claimant began outpatient psychiatric treatment with Dr. Riaz U. Riaz who diagnosed major depressive disorder. He had counseling with Kevin Adams, MA, supervised psychologist at Mari Sullivan Walker's office. Mr. Adams had reported the claimant had Borderline Intellectual Functioning.

09-18-01: Peggy Casdorph-Perdue, licensed psychologist, reported WASI VIQ of 81, PIQ of 103, and FSIQ of 90 (PIQ and FSIQ are average); WRAT-3 reading, spelling, and arithmetic grade equivalents at high school, 5th, and 8th respectively. Measures of malingering indicated good effort. MMPI-2 essentially valid but the claimant presented himself in an unrealistically favorable light. MMPI-2 revealed depression and somatization.

09-18-01: Dr. John Justice diagnosed Depressive Disorder, NOS and rated him at 10% PPD. He said the claimant is not disabled from work or retraining on a psychiatric basis.

Medications:

Dr. Riaz: EFFEXOR XR, TRAZODONE
Dr. Reahl: TOPAMAX, C-PAP MACHINE
Dr. Snyder: LIPITOR, PERCOCET, VIOXX, FLEXERIL

PSYCHOLOGICAL PROBLEMS: Please see the psychiatric evaluation for more details. He said he became depressed and anxious after the 03-10-00 injury. "Since I got hurt, I can't work or do the things I'd like to do. Sometimes I wonder why I'm even here."

He said he is depressed and anxious "all the time". He has gained 115 pounds since he got hurt but said his appetite goes "up and down." He has lost interest in people and activities. He has trouble sleeping. He lacks energy. He feels worthless. He has had thoughts of suicide in the past but not recently. He said he worries about "everything-my health, the bills, the kids, you name it." He reported diarrhea, restlessness, feeling jittery, and irritable. He has crying spells and sexual performance problems.

FINANCIAL SUPPORT AND ACTIVITIES: He receives SSDI benefits and his wife works. They live in Danville, WV with their two children.

He said he has to have help with showering and dressing some days. He helps with the laundry, puts dishes in the dishwasher, and helps his children with their school work. A neighbor cuts his grass. He eats out occasionally and sometimes goes to church. He visits his parents once a week. He fishes occasionally. He enjoys family

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holidays. He rarely goes to movies as sitting is hard for him. He does not go to malls, sports events, or concerts. He said he reads a little and watches only a little TV. He plays with a model train sometimes. He said he used to hunt and fish quite a bit. He rode Four Wheelers and Dune Buggies. He liked to go places. He said his main hobby had been lifting weights.

EARLY FAMILY HISTORY: He was born and reared in Boone County, WV. His birth and development were unremarkable. His father became disabled when the claimant was seven years old from a heart attack. His father had worked various jobs including factory work, mining, and driving a school bus and coal truck. His father is now 77. His mother is a housewife and is 72. She is diabetic but otherwise has good health. He was the 6th of 6 children-one sister died at age six. None of his other siblings are disabled. He reported a good childhood with no abuse.

FAMILY HISTORY OF PSYCHIATRIC AND SUBSTANCE ABUSE PROBLEMS: Denied.

EDUCATIONAL HISTORY: He graduated from high school in 1990. He made average and below average grades. He was promoted yearly. He belonged to the 4-H Club.

MILITARY SERVICE HISTORY: None.

EMPLOYMENT HISTORY: He worked at a lumber yard for four months. He worked in Ohio as an electrical lineman for six months. He worked in timbering for three months. He worked in North Carolina at a lumber yard for six months. He worked at Tri-State Mobile Homes for six or seven months. He worked for Eastern State Mine Supply for a short period. He worked for Big G Trucking for one year, for S & G Trucking for four months, and for D & M Trucking for two and a half to three years. He said he had never been fired, related well with supervisors and co-workers, and had a good work record.

MARITAL AND FAMILY HISTORY: He has been married twice. He first married at age 18 and had no children. He said his wife left him and moved in with another man. He had a relationship with another woman who had a daughter by him. He married his present wife in 1996 and they have two children aged 6 and 4. He said his nine year old daughter lives with her mother but he continues to have a good relationship with her. His wife is 28 and has good health. She is office manager for WVU Extension Office. He said his current marriage is good despite his problems.

PRIOR MENTAL HEALTH TREATMENT HISTORY: He had marriage counseling in 1992.

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SUBSTANCE ABUSE HISTORY: He denied any history of problems with alcohol or recreational drugs and said he uses neither. He used to chew tobacco but stopped. He drinks a cup of coffee in the morning and drinks tea when he eats out.

LEGAL HISTORY: He was arrested in 1997 and served two years probation for delivery of a controlled substance. "That was the worst mistake I ever made." He has not filed bankruptcy or lawsuits.

ASSESSMENT MEASURES:

Clinical Interview

The Wide Range Achievement Test-Revision-3

The Wechsler Adult Intelligence Scale-III

The Wechsler Individual Achievement Test Reading Comprehension*

The Wechsler Individual Achievement Test Listening Comprehension*

The Minnesota Multiphasic Personality Inventory-2

*Used as a screening device for the administration of the MMPI-2 when IQ scores and WRAT-3 reading subtest scores are too low to automatically qualify to take the MMPI-2 (below IQ of 80 and reading level below 7th grade).

The WRAT-3:

Standard Score	Percentile	Grade Equivalent
Reading 99	47	High School
Spelling 76	5	5th
Arithmetic 105	63	High School

Classification of WRAT-3 Standard Scores:

Very Superior	130 and up
Superior	120 to 129
High Average	110 to 119
Average	90 to 109
Low Average	80 to 89
Borderline	70 to 79
Deficient	69 and below

The Reading subtest is a measure of word recognition and correct pronunciation and not of reading comprehension.

The WAIS-III:

WAIS-III subtests have a scaled score mean of 10 and a standard deviation of 3.

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IQ & Subtest Scores	Scaled Scores	%		Range
Verbal IQ	98	45	AVERAGE	93-103
Performance IQ	90	25	AVERAGE	84-97
Full Scale IQ	95	37	AVERAGE	91-99
Index Scores:				
Verbal Comprehension:	89	23	LOW AVERAGE	84-95
Perceptual Organization:	101	53	AVERAGE	94-108
Working Memory:	106	66	AVERAGE	99-112
Processing Speed:	73	4	BORDERLINE	67-85
95% Confidence Level:				
Vocabulary	5	5	BORDERLINE	
Similarities	11	63	HIGH AVERAGE	
Arithmetic	12	75	HIGH AVERAGE	
Digit Span	11	63	HIGH AVERAGE	
Information	8	25	LOW AVERAGE	
Comprehension	12	75	HIGH AVERAGE	
Letter-Number Sequencing	10	50	AVERAGE	
Picture Completion	8	25	LOW AVERAGE	
Digit Symbol	5	5	BORDERLINE	
Block Design	12	75	HIGH AVERAGE	
Matrix Reasoning	11	63	HIGH AVERAGE	
Picture Arrangement	7	16	BORDERLINE	
Symbol Search	5	5	BORDERLINE	

At the .05 level of significance, there is no significant difference between the VIQ and PIQ. There is a significant difference between the VCI and POI. There is a significant difference between the VCI and the WMI. There is a significant difference between the POI and the PSI. There is no significant scatter. The claimant's nonverbal reasoning skills are superior to his verbal reasoning. Relative to his own rounded mean (8), the claimant demonstrated strengths on the similarities, arithmetic, digit span, comprehension, block design, and matrix reasoning subtests. He demonstrated relative weaknesses on the vocabulary and digit symbol subtests.

The MMPI-2:

A T score of 65 on the clinical scales divides the clinical from the non-clinical population. Mr. Lester's profile falls within the Questionable Validity range of clinical usefulness. The F scale was highly elevated (45-55 fully acceptable) and K was low (below 40). This indicates considerable symptom magnification, most likely due to

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either deliberate exaggeration or a tendency to respond "true". L, F, and K T-scores were: 43, 70, and 37.

Clinical Scale T-Scores:

Hs	73	Pd	69	Pt	94	Si	84
D	95	MF	60	Sc	84		
Hy	86	Pa	79	Ma	47		

Individuals with this profile are tense, nervous, and depressed. They have a high need for achievement and recognition but dread the pressures of increased responsibility. However, they also feel guilty about not achieving goals. They are also perfectionistic and conscientious and may be excessively religious or moralistic. They feel unhappy, sad, and worry to an excessive degree. They anticipate problems and overreact to minor matters. They seek excessive nurturance from others and are overly dependent due to feelings of inadequacy, insecurity, and inferiority. They tend to be docile and passive-aggressive in relationships and lack appropriate assertiveness skills. They brood and ruminate and report somatic symptoms such as fatigue, exhaustion, weight problems, slowed speech, and slowed thinking. They feel vulnerable to imagined threats as well as to real threats. They are quite rigid in their thinking but are usually motivated for psychotherapy. Typical diagnoses for this profile: depressive disorders; anxiety disorders; obsessive-compulsive disorder.

BEHAVIORAL OBSERVATIONS: Mr. Lester was on time for his appointment. His sister drove him to the clinic. He is five feet, seven inches tall and weighs 280 pounds. He was clean in hygiene and wore jeans and a red tee shirt. He had short, black hair and a trimmed beard (he said he trimmed in the night before because he was afraid he would be pulling on it during the examination as he tends to do that when especially nervous) and brown eyes. He used a cane to assist in walking and balance. He was alert and fully oriented. He exhibited pain behaviors and appeared physically uncomfortable during the examination. He related well, made good eye contact, and affect and conversation were appropriate to the setting. He did not exhibit speech oddities or bizarre mentation and denied symptoms of psychosis and paranoia when questioned. He denied active suicidal and homicidal ideation. He was pleasant and cooperative with the examination.

COMPREHENSION AND FOLLOWING OF INSTRUCTIONS: Good.

PACE: Average.

CONCENTRATION AND ATTENTION: Average.

PERSISTENCE AND EFFORT: Good. He started to give up on one Block Design task before time limits had expired but was persuaded to continue.

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Christopher W. Lester
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PERSISTENCE AND EFFORT: Good. He started to give up on one Block Design task before time limits had expired but was persuaded to continue.

SELF-MONITORING OF ERRORS: He recognized errors but had some difficulty in correcting them quickly enough to get credit on the more difficult block design tasks.

ORGANIZATIONAL AND PLANNING SKILLS: Fair.

METHODOLOGY: Both conceptual and trial-and-error.

VALIDITY CONSIDERATIONS: He has been tested previously with essentially similar results although he did better on the verbal tasks on the current examination. His motivation and cooperation were sufficient for valid results.

DIAGNOSTIC IMPRESSIONS:

Axis I. PAIN DISORDER ASSOCIATED WITH PSYCHOLOGICAL FACTORS AND
MEDICAL CONDITION
ANXIETY DISORDER, NOS
DEPRESSIVE DISORDER, NOS

Axis II. R/O LEARNING DISORDER-SPELLING

SUMMARY: Christopher Lester is a 31 year old man who is operating within the Average range of intellectual functioning. He has likely always functioned within this range. He reported becoming depressed and anxious after the March 10, 2000 injury and remains under outpatient psychiatric treatment with Dr. Riaz U. Riaz. He was awarded SSDI benefits in August of 2001 and does not appear motivated for vocational rehabilitation (file closed due to claimant's lack of desire to participate). Mr. Lester does not feel that he is able to work at anything due to pain and not being able to tolerate sitting, standing, or walking for more than twenty minutes at a time.

Crystal Whittington
Crystal Whittington, M.A.
Licensed Psychologist

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1024458

Bob Wise
Governor

Gregory A. Burton
Acting Commissioner



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August 27, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

PLEASE READ CAREFULLY - EXCESSIVE TREATMENT

MADISON MEDICAL PLLC

It appears the injured worker is receiving narcotic medications beyond TITLE 85-21 Guidelines for Controlled Substances.

In order to justify the continued payment of this treatment, additional information is necessary.

Please provide the following information:

1. A list of the current medications and their uses.
2. A current diagnosis and prognosis.
3. The current objective, functional and clinical findings.
4. Documentation of any significant functional or clinical improvement.
5. A treatment plan that is specific as to the nature, frequency and duration of the treatment required by this patient.
6. Any second opinions or consultations that have been requested in relation to the treatment of this patient.
7. A return to work prognosis.

the injured worker is continuing to receive medications in the above-mentioned claim.

Unless information is received within 15 days to justify the additional treatment, services rendered after 08/23/2003 will not be paid.

If you have any questions or concerns you may reach me at 304-926-5397.

CC: CHARLESTON AREA MEDICAL CENTER
RIAZ RIAZ UDDIN MD
AYLIR REHABILITATION INC
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLLC
CHRISTOPHER W LESTER SR
D & M TRUCKING CORPORATION INC

Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

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Bob Wise
Governor

Robert J. Smith
Commissioner



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February 6, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF PERMANENT TOTAL DISABILITY EVALUATION

WORKER: You are being considered for a permanent total disability award. Authorization for an examination for that purpose is issued to:

IMD INC, IMDEPENDENT MEDICAL DOCTORS INC
4984 WASHINGTON STREET WEST P O BOX 7573
CROSS LANES, WV 25356-0573

Phone: 304-776-4771

A special appointment with the above named examiner has been scheduled for you on 04/29/2003, at 10:00 a.m.. This is your only notice of this important appointment. Failure to attend may affect future benefits or cause a lengthy delay. We have your telephone number listed as 304-369-6657 and your birthdate as [REDACTED]/71.

EXAMINER: Evaluate the injured worker's condition in terms of your medical specialty. You are authorized to arrange any diagnostic studies and/or consultations with other specialists needed to complete your evaluation. Copies of all available medical records will be sent under separate cover with a list of work-related injuries. Base your medical conclusions upon your examination and the evidence of record which you believe is reliable and credible. Please consult the packet for detailed instructions and examination forms. Use the AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition, for all but psychiatric impairment. Use the West Virginia guides for psychiatric impairment.

This is a whole-body evaluation. Within your specialty, identify all impairing conditions which the claimant suffers, including congenital or developmental conditions and non-work related injuries or diseases, giving a narrative identification of the causes, conditions, and the part each plays in the overall impairment suffered by this worker. If a non-work related condition has been aggravated by a superimposed work-related injury or disease, please explain the relationship and determine the impairment due to such aggravation. If an unlisted work-related injury is disclosed, note the source and date of injury, and rate any impairment separately.

Please submit your report within 30 days.

Report to Dr. Fernandes, in Cross Lanes, WV and bring any recent x-rays and/or reports related to all your WV W.C. claims. Doctor, this is a PTD issue. Consider all files. Exam requested by Mary Risk

If you have any questions or concerns, you may reach me at 304-926-5064.

CC: D & M TRUCKING CORPORATION INC
CHARLESTON AREA MEDICAL CENTER

Workers' Compensation Division
By: Janet Jones
Claims Representative 2

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February 6, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF PERMANENT TOTAL DISABILITY EVALUATION

WORKER: You are being considered for a permanent total disability award. Authorization for an examination for that purpose is issued to:

IMD INC, IMDEPENDENT MEDICAL DOCTORS INC
4984 WASHINGTON STREET WEST P O BOX 7573
CROSS LANES, WV 25356-0573

Phone: 304-776-4771

A special appointment with the above named examiner has been scheduled for you on 05/14/2003, at 1:00 p.m.. This is your only notice of this important appointment. Failure to attend may affect future benefits or cause a lengthy delay. We have your telephone number listed as 304-369-6657 and your birthdate as [REDACTED] 1971.

EXAMINER: Evaluate the injured worker's condition in terms of your medical specialty. You are authorized to arrange any diagnostic studies and/or consultations with other specialists needed to complete your evaluation. Copies of all available medical records will be sent under separate cover with a list of work-related injuries. Base your medical conclusions upon your examination and the evidence of record which you believe is reliable and credible. Please consult the packet for detailed instructions and examination forms. Use the AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition, for all but psychiatric impairment. Use the West Virginia guides for psychiatric impairment.

This is a whole-body evaluation. Within your specialty, identify all impairing conditions which the claimant suffers, including congenital or developmental conditions and non-work related injuries or diseases, giving a narrative identification of the causes, conditions, and the part each plays in the overall impairment suffered by this worker. If a non-work related condition has been aggravated by a superimposed work-related injury or disease, please explain the relationship and determine the impairment due to such aggravation. If an unlisted work-related injury is disclosed, note the source and date of injury, and rate any impairment separately.

Please submit your report within 30 days. Use the outline for dictation sent with the medical records for psychiatric assessment.

Please report to Dr. Shah, in Beckley, WV for psychological testing and psychiatric interview for permanent total disability determination. Exam requested by Mary Risk.

If you have any questions or concerns, you may reach me at 304-926-5064.

CC: D & M TRUCKING CORPORATION INC
CHARLESTON AREA MEDICAL CENTER

Workers' Compensation Division
By: Janet Jones
Claims Representative 2

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February 6, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF PERMANENT TOTAL DISABILITY EVALUATION

WORKER: You are being considered for a permanent total disability award. Authorization for an examination for that purpose is issued to:

IMD INC, INDEPENDENT MEDICAL DOCTORS INC
4984 WASHINGTON STREET WEST P O BOX 7573
CROSS LANES, WV 25356-0573

Phone: 304-776-4771

A special appointment with the above named examiner has been scheduled for you on 03/26/2003, at 9:00 a.m.. This is your only notice of this important appointment. Failure to attend may affect future benefits or cause a lengthy delay. We have your telephone number listed as 304-369-6657 and your birthdate as [REDACTED] 1971.

EXAMINER: Evaluate the injured worker's condition in terms of your medical specialty. You are authorized to arrange any diagnostic studies and/or consultations with other specialists needed to complete your evaluation. Copies of all available medical records will be sent under separate cover with a list of work-related injuries. Base your medical conclusions upon your examination and the evidence of record which you believe is reliable and credible. Please consult the packet for detailed instructions and examination forms. Use the AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition, for all but psychiatric impairment. Use the West Virginia guides for psychiatric impairment.

This is a whole-body evaluation. Within your specialty, identify all impairing conditions which the claimant suffers, including congenital or developmental conditions and non-work related injuries or diseases, giving a narrative identification of the causes, conditions, and the part each plays in the overall impairment suffered by this worker. If a non-work related condition has been aggravated by a superimposed work-related injury or disease, please explain the relationship and determine the impairment due to such aggravation. If an unlisted work-related injury is disclosed, note the source and date of injury, and rate any impairment separately.

Please submit your report within 30 days. Fill out the preliminary Functional Capacity Assessment Sheet sent with the medical records.

This appointment is for a Functional Capacity Evaluation for permanent total disability determination. Please report to Hugh Murray, P.T., in Charleston, WV. Exam requested by Mary Risk.

If you have any questions or concerns, you may reach me at 304-926-5064.

CC: D & M TRUCKING CORPORATION INC
CHARLESTON AREA MEDICAL CENTER

Workers' Compensation Division
By: [REDACTED]

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auth/12-03-02/*8

** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

March 5, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

JMS

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 03/03/2003, is Approved.

This letter will serve as authorization for Percocet 5/325mg. Vioxx 25mg.

Authorized Dates are 02/28/2003 through 04/30/2003.

Your authorization number is 300276596.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.

CC: CHARLESTON AREA MEDICAL CENTER Workers' Compensation Division
 RIAZ RIAZ UDDIN MD BY: Donna Curry
 CHARLESTON PAIN MANAGEMENT CONS INC Claims Representative 3/Senior
 VASS VOCATIONAL SERVICES
 LAW OFFICES OF STUART CALWELL PLLC
 CHRISTOPHER W LESTER SR
 D & M TRUCKING CORPORATION INC

PH

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1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



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• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

March 5, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

JMS

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from RIAZ RIAZ UDDIN MD dated 03/03/2003, is Approved.

This letter will serve as authorization for Effexor XR 150mg. Trazodone 100mg.

Authorized Dates are 02/25/2003 through 04/30/2003.

Your authorization number is 300276597.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.

CC: CHARLESTON AREA MEDICAL CENTER Workers' Compensation Division
 RIAZ RIAZ UDDIN MD BY: Donna Curry
 CHARLESTON PAIN MANAGEMENT CONS INC Claims Representative 3/Senior
 VASS VOCATIONAL SERVICES
 LAW OFFICES OF STUART CALWELL PLLC
 CHRISTOPHER W LESTER SR
 D & M TRUCKING CORPORATION INC

PA

JP

926-8009

MADISON MEDICAL, P.L.L.C.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET

TO: Pain Clinic

FROM: Vonnie

RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2pgs.

DATE: 1-23-03

ADDITIONAL COMMENTS: _____

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE: (304) 369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US.

THANK YOU.



Date: 1-23-03

500688.015.0161

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE# (304)369-5170 FAX# (304)369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: Pain Clinic
DOCTOR

ADDRESS: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

last visit
TO _____

NAME: Christopher Lester DATE: 12-2-02

ADDRESS: P.O. Box 1113
Danville, WV 25053

BIRTHDATE: [REDACTED] - 71 SSN# [REDACTED] - 3340

SIGNATURE: [Signature]
(IF RELATIVE STATE RELATION)

WITNESS: Lavonna Stacy

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE
THAT DATE.

*If a fee is required for records please pre-bill. The physicians office will not
be responsible for any fees incurred.

926-8009

MADISON MEDICAL, P.L.L.C.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET

TO: Pain Clinic
FROM: Vonnie
RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2pgs.

DATE: 1-23-03

ADDITIONAL COMMENTS: _____

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE: (304) 369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US.

THANK YOU.



E.4) Busy
E.2) No facsimile connection

Reason for error
E.1) Hang up or line fail
E.3) No answer

No. Mode	Destination	Pa(s)	Result	Page
933 Memory TX	13049268009	P. 2	OK	Not Sent

* * * Transmission Result Report (MemoryTX) (Jan. 23. 2003 3:20PM) * * *

P. 1

500688.015.0163

ptro/7-2-99/*8

** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



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August 29, 2002

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY
REOPENING TO CONSIDER PERMANENT TOTAL DISABILITY

We have received a petition from claimant and attorney, dated 03/04/2002 to consider whether you may be permanently totally disabled within the meaning of the West Virginia Workers' Compensation law.

It appears you have been granted at least 40% in permanent partial disability awards and / or 35% in statutory awards and the date of injury or last exposure falls under the law as amended by the Legislature in 1999.

Reopening for consideration of a permanent total disability award is granted. Letters setting appointments with examiners and requesting information needed to prepare the case for a final decision will follow. As this action is interlocutory in nature, it is not subject to objection.

In order to ensure full consideration of the evidence of record concerning permanent total disability, you are hereby ordered to list and provide copies of all medical reports or other evidence on which you rely as to the issue of permanent total disability.

If you have any questions in relation to these issues, you may reach me at Post Office Box 791 Charleston, WV 25323-0791, or call 304-926-5266.

CC: D & M TRUCKING CORPORATION INC
RIAZ RIAZ UDDIN MD
LESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
AW OFFICES OF STUART CALWELL PLL

Workers' Compensation Division
By: Mary Risk
Claims Representative 3/Senior

RECEIVED SEP 8 3 2002

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Post Office Box 431, Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0164

130 347-6369

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE #: (304) 369-5170
FAX #: (304) 369-1742

Filed by VL
9-4-02

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: St. Francis
DOCTOR

ADDRESS: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

most recent Discharge Summary
TO

NAME: Christopher Lester DATE: 8-30-02

ADDRESS: P.O. Box 1113
Danville WV 25053

BIRTHDATE: [REDACTED] 71 SSN: [REDACTED] 3340

SIGNATURE: Christopher W. Lester Sr.
(IF RELATIVE, STATE RELATION)

WITNESS: Shonna Lacey

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE
THAT DATE.

*If a fee is required for records, please pre-bill. The physicians office will not be
responsible for any fees incurred.

12

1304 347-6369

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE #: (304) 369-1170
FAX #: (304) 369-1742

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: St. Francis
DOCTOR
ADDRESS: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

most recent Discharge Summary

NAME: Christopher Lester DATE: 8-30-02

ADDRESS: P.O. Box 1113
Romule N.Y. 25553

BIRTHDATE: [REDACTED] SSN: [REDACTED]-3340

SIGNATURE: Christopher W. Lester Jr
(IF RELATIVE, STATE RELATION)

WITNESS: Shenna Jacq

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE
THAT DATE.

*If a fee is required for records, please pre-bill. The physicians office will not be
responsible for any fees incurred.

E.2) Busy
E.4) No facsimile connection

Reason for error
E.1) Hang up or line fall
E.3) No answer

No. Mode	Destination	Pg.(s)	Result	Page
1035 Memory TX	13043476369	P. 1	OK	Not Sent

Transmission Result Report (MemoryTX) (Sep. 4. 2002 2:25PM)
P. 1

500688.015.0166



MADISON MEDICAL, PLLC

705 Madison Avenue • Madison, WV 25130
Phone (304) 369-5170 • Fax (304) 369-1742

Robert B. Atkins, M.D.
Family Practice

November 7, 2002

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

John Mark Snyder, D.O.
General Practice

Barbara J. Koster, MSN-RNC
Nurse Practitioner

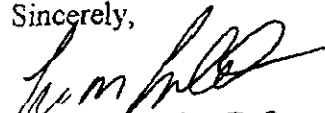
WV Worker's Compensation
P O Box 3151
Charleston, WV 25332

RE: Christopher Lester
Claim No. 2000046841
DOI 03/10/00
SSN: [REDACTED] 3340

Dear Sirs,

Mr. Lester still has significant back pain without great benefit of relief from previous treatment. He is presently on Oxycontin. He will need to be continued on this for this period of time. I am requesting approval for this medication.

Sincerely,


John M. Snyder, D.O.
JMS:bw

AP

500688.015.0167

auth/1-4-01/1034458
Bob Wise
Governor

Robert J. Smith
Commissioner



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November 5, 2002

Jms
MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 11/04/2002, is Approved.

This letter will serve as authorization ffor (2)two sessions of lumbar facet injections.

Authorized Dates are 10/14/2002 through 05/31/2003.

Your authorization number is 300231917.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.

CC: D & M TRUCKING CORPORATION INC
Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

CHARLESTON AREA MEDICAL CENTER
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

Workers' Compensation Division - Office of Claims Management
Post Office Box 431 Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0168

audx/1-4-01/

Bob Wise
Governor

Robert J. Smith
Commissioner



XENDOS COPY

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November 5, 2002

Ins
MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF SECONDARY CONDITIONS

The following is a list of both primary and secondary conditions in your claim. Medical expenses related to these conditions will be paid by the Division.

296.23	Maj Depress Dis Sgl Epi S
959.01	Uns Head Injury
847.2	Sprain/Strain Lumbar Regi
847.1	Sprain/Strain Thoracic Re
847.0	Sprain/Strain Of Neck

Can't add 721.3

This decision was based primarily on the following: 847.0 847.2.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.

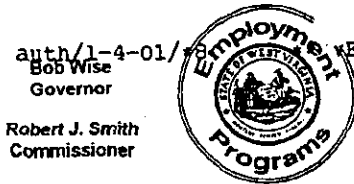
CC: D & M TRUCKING CORPORATION INC
CHARLESTON AREA MEDICAL CENTER
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

Workers' Compensation Division - Office of Claims Management

200 421 Charleston West Virginia 25377-0431 • <http://www.state.wv.us/bep>

RP
500688.015.0169



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November 5, 2002

JS
MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 11/04/2002, is Approved.
This letter will serve as authorization for Oxycontin 40mg.

Authorized Dates are 10/14/2002 through 11/30/2002.

Your authorization number is 300231914.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.
Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC

CHARLESTON AREA MEDICAL CENTER
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

Workers' Compensation Division - Office of Claims Management

2000046841 Charleston West Virginia 25322-0431 • <http://www.state.wv.us/bep>

JP
500688.015.0170

ATLANTA CARE CENTER
3567 PKWY LN
STE 200
NORCROSS, GA 30092
(888)440-7342



OCTOBER 14, 2002

JOHN SNYDER
705 MADISON AVE
MADISON, WV 25130-1623
|||||

Patient: CHRISTOPHER LESTER
 Payor: ACORDIA NATIONAL
 Plan Participant: APRIL LESTER
 Participant ss#: [REDACTED] 9969
 Policy #:
 Employer: WV PEIA
 Case Reference #: 19605411

This letter is to confirm that the following services are being provided

SERVICE HEAVY DUTY WHEELCHAIR
COST 89.30
UNITS 10 Monthly
REQUEST DATE FROM 09/04/2002 TO 07/04/2003

The above services have been recommended to your claims payor for reimbursement under the provisions of your benefit plan. Reimbursement is subject to the plan provisions, including patient's eligibility for benefits. This letter does not confirm eligibility or the availability of plan benefits. You should contact your claims payor for that information. This letter is only confirmation of the services to be provided.

Intracorp will contact your physician at the appropriate time to determine if additional services are required. If, prior to that time, a change in service is necessary, it is your physician's and/or provider's responsibility to contact Intracorp at (888)440-7342.

Sincerely,

PEGGY DICKERSON
Case Manager

C: CHRISTOPHER LESTER

RECEIVED OCT 21 2002
LESTER



431 VJTB

500688.015.0171

auth/1-4-01/
Bob Wise
Governor

Robert J. Smith
Commissioner



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1034458

West Virginia Bureau of Employment Programs

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October 16, 2002

JWS
MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from BLUEFIELD MENTAL HEA dated 10/12/2002, is Approved.

Per the request from Dr. Riaz this will authorize the continuation of Outpatient Psychotherapy sessions 1 X a month for the next 6 months.

Authorized Dates are 10/12/2002 through 04/12/2003.

Your authorization number is 300223914.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

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If you have any questions or concerns, you may reach me at 304-926-5397.

CC: D & M TRUCKING CORPORATION INC
BLUEFIELD MENTAL HEALTH CENTER
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

Workers' Compensation Division - Office of Claims Management
Post Office Box 431 Charleston West Virginia 25322-0431 • <http://www.state.wv.us/bep>

TP
500688.015.0172


auth/1-4-01/18
Bob Wise
Governor

ENDORSE COPY 1034458

West Virginia Bureau of Employment Programs

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Robert J. Smith
Commissioner



October 16, 2002

Shs

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from RIAZ RIAZ UDDIN MD dated 10/15/2002, is Approved.
This letter will serve as authorization for Effexor XR 150MG. Trazadone 100mg.

Authorized Dates are 10/09/2002 through 12/31/2002.

Your authorization number is 300224781.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.
Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC
BLUEFIELD MENTAL HEALTH CENTER
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

Workers' Compensation Division - Office of Claims Management
Post Office Box 431 Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

AP

500688.015.0173

extr/4-30-03/*8

** VENDOR COPY **

1024458

Bob Wise
Governor

Gregory A. Burton
Acting Commissioner



West Virginia Bureau of Employment Programs

• Job Service • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

May 12, 2003

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

PLEASE READ CAREFULLY - EXCESSIVE TREATMENT

SNYDER JOHN M

It appears the injured worker is receiving narcotic medications beyond TITLE 85-21 Guidelines for Controlled Substances.

This is based on TITLE 85-21.

In order to justify the continued payment of this treatment, additional information is necessary.

Please provide the following information:

1. A list of the current medications and their uses.
2. A current diagnosis and prognosis.
3. The current objective, functional and clinical findings.
4. Documentation of any significant functional or clinical improvement.
5. A treatment plan that is specific as to the nature, frequency and duration of the treatment required by this patient.
6. Any second opinions or consultations that have been requested in relation to the treatment of this patient.
7. A return to work prognosis.

In addition, please complete the WC Controlled Substance Form for any controlled substances prescribed. The form is mandatory for any controlled substance that exceeds the accepted guidelines.

Unless information is received within 15 days to justify the additional treatment, services rendered after 05/30/2003 will not be paid.

If you have any questions or concerns you may reach me at 304-926-5397.

CC: CHARLESTON AREA MEDICAL CENTER Workers' Compensation Division
 RIAZ RIAZ UDDIN MD BY: Donna Curry
 CHARLESTON PAIN MANAGEMENT CONS INC Claims Representative 3/Senior
 VASS VOCATIONAL SERVICES
 LAW OFFICES OF STUART CALWELL PLLC
 CHRISTOPHER W LESTER SR
 SNYDER JOHN M

Workers' Compensation Division - Office of Claims Management
Post Office Box 431, Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0174

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aut2/02-07-03/*8

** VENDOR COPY **

1024458

Bob Wise
GovernorGregory A. Burton
Acting Commissioner

West Virginia Bureau of Employment Programs

• Job Service • Labor Market Information
 • Unemployment Compensation • Workers' Compensation
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May 12, 2003

MADISON MEDICAL PLLC
 705 MADISON AVENUE
 MADISON, WV 25130

CHRISTOPHER W LESTER SR
 P.O. BOX 1113
 DANVILLE, WV 25053

Re: Claim 2000046841
 S.S.N. [REDACTED] 3340
 D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 05/09/2003, is approved. Your authorization number is 300305634. If it is later determined you are not entitled to authorized services, payment will be recovered.

The following medications are approved:

Medication	Dosage	Authorized Dates
ROXICET	5-325MG	05/08/2003 - 07/08/2003

This letter will serve as authorization for Percocet 5/325mg.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.

CC: CHARLESTON AREA MEDICAL CENTER Workers' Compensation Division
 RIAZ RIAZ UDDIN MD BY: Donna Curry
 CHARLESTON PAIN MANAGEMENT CONS INC Claims Representative 3/Senior
 VASS VOCATIONAL SERVICES
 LAW OFFICES OF STUART CALWELL PLLC
 CHRISTOPHER W LESTER SR
 D & M TRUCKING CORPORATION INC

Workers' Compensation Division - Office of Claims Management
 Post Office Box 431, Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0175

J. MARK SNYDER, D.O.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304)369-5170
FAX (304)369-1742

DATE 12.5-02
NAME Christopher Lester
CLAIM 20000.46841
SS# [REDACTED]-3340
D.O.B. 03/10/2000

Dear Donna Curry

I am requesting authorization for the above patient to obtain the following services:

enab Treatment by Dr Martiney-usology

*original request sent 9/3/02 -

Thank you for your assistance.

Sincerely,

J Mark Snyder / JS

J. Mark Snyder, D.O.
JMS/fgb

Enclosures: letter



Capitol Neurology

415 Morris Street, Suite 100, Charleston, West Virginia 25301
Phone: (304)342-3891 Fax: (304) 342-5307

11/27/2002

Dr. Snider

RE: Lester, Christopher W
Patient Number: 0000006180
Date of Visit: 11/27/2002 11:12
Date of Birth: [REDACTED] 1971

Dear Dr. Snider,

I had the pleasure of seeing your patient, Christopher Lester in the office today for neurologic evaluation.

HISTORY OF PRESENT ILLNESS:

Post Hospital follow-up: sfx consult for seizures. EEG was abnormal, and topamax was started. He reports he has been sick with stomach virus and has slept a lot. He denies any seizure activity. He does report that on Friday he woke up "snaking red". Denies any fever or chills. This lasted only a few min. He states the opap definitely help his sleep. He continues to have problems with urinary incontinence. He does have a Urologist following this. He denies any side effects from the topamax.

PAST MEDICAL HISTORY:

Chronic pain (being managed by others)
Hypertension (high blood pressure) #401.9.
hypercholesterolemia
Depression #311.

MEDICATIONS:

Oxycontin
flexeril
aspirin
lipitor
effexor
trazadone

Topamax 100 mg ii in AM ii

ALLERGIES:

The patient reports no known drug allergies.

TOBACCO:

none

ALCOHOL:

none

SOCIAL HISTORY:

Married from main

RECEIVED DEC 02 2002

Harry L. Reahl, M.D. • Specializing in epilepsy and sleep medicine
Kiren Kresa-Reahl, M.D. • Specializing in Mutiple Sclerosis and movement disorders
Tamara Sheth M.D. • Neurology / Neurophysiology

500688.015.0177

OBJECTIVE:

GEN: VS: BP: 120/80 . W: 262 . .

Mr. Lester was a well developed, over nourished person in no apparent distress, and was a good historian. Speech was fluent and appropriate.

Cranial Nerves: Pupils were equal round and reactive to light and accommodation. Extraocular movements were intact. Nystagmus was not present. The patient had normal facial sensation, jaw was strong, face was strong and symmetric, uvula rose and was midline, tongue was midline, spinal accessory was strong.

Motor: 5 /5 strength on the Right, 5/5 strength on the Left. There was no motor drift.

Reflexes 2+ in the upper extremities, 2+ in the lower extremities, with bilaterally downgoing toes.

Coordination: finger to nose nl . heel to shin nl. Rapid alternating movements nl.

Sensory:.. The patient had no obvious deficit to light touch.

Gait:.. The patient had a nl

ASSESSMENT:

Partial Complex Seizures #345.4
No Driving Unless Seizure-Free for One Year
Obstructive sleep apnea
CPAP 14 cm H2O
Please remove call intercept, so we can call you in the future!

DISCUSSION/PLAN:

We will continue the topamax at the current dose. CPAP will be continued, and we warned him that as he looses weight, we will need to reduce the CPAP pressure.

MEDICATION:

Topamax 100 mg ii in AM ii in PM dispense # 120 with 5 refills

FOLLOW UP:

A return appointment will be scheduled in 6 month's time with:

Dr. Harry Reahl Dr. Kresa-Reahl Dr. Shaikh Richard Craddock PA Anita Petite PA

I very much appreciate the opportunity to participate in the care of your patient. If you have any questions not addressed by this note, please do not hesitate to contact me.

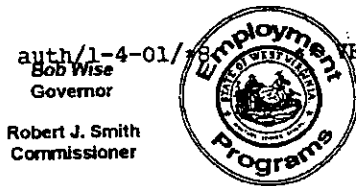
Best Regards,


Harry L. Reahl, M.D.

CC:

Printed on 11/27/2002 at 11:39 AM

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West Virginia Bureau of Employment Programs
• Job Service • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

October 2, 2002

Jrs
MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 10/01/2002, is Approved.
This letter will serve as authorization for Oxycontin 40mg.

Authorized Dates are 08/01/2002 through 11/01/2002.
Your authorization number is 300218285.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5397.
Workers' Compensation Division
BY: Donna Curry
Claims Representative 3/Senior

CC: D & M TRUCKING CORPORATION INC
RIAZ RIAZ UDDIN MD
CHARLESTON PAIN MANAGEMENT CONS I
VASS VOCATIONAL SERVICES
LAW OFFICES OF STUART CALWELL PLL

RECEIVED OCT 3 1 2002

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